

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2951

BIRTH NO.	REG. DIST. NO.	316	PRIMARY REG. DIST. NO.	1003	Registrar's No.	2551
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN Saint Louis		c. LENGTH OF STAY (in this place)	d. STREET ADDRESS 7579 Lindberg Drive			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital						
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) M. c. (Last) Paine			4. DATE OF DEATH (Month) (Day) (Year) March 26th, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 23rd, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 2 Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Moog Industries		11. BIRTHPLACE (State or foreign country) Louisville, Kentucky /		
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ruth Paine		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War #1		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Paine, 7579 Lindberg Dr. R. H., Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last..... DUE TO (b) Chronic degenerative myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS... Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4 years 4 years			
19a. DATE OF OPERATION --		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from August 19 46 to March 26, 19 50 that I last saw the deceased alive on February 9, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) F.R. Jernigan M.D.			23b. ADDRESS 539 No. Grand Blvd.		23c. DATE SIGNED 3/28/50	
24a. BURIAL CREMATION REMOVAL (Specify) Removal - Rail		24b. DATE 3/29/50	24c. NAME OF CEMETERY OR CREMATORY Louisville y. Cemetery		24d. LOCATION (City, town, or county) (State) Louisville, Kentucky	
DATE REC'D BY LOCAL REG. MAR 29 1950		REGISTRAR'S SIGNATURE J.R. Sarate		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 'UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Miller

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.